SAAM OR JCS EXERCISE - AIRLIFT REQUEST

AUTHORITY: 10 U.S.C. 8012

PRINCIPAL PURPOSE(S): Your home phone number is required in order that contact can be made during off-duty hours.

 $ROUTINE\ USES:\ Your\ home\ phone\ number\ will\ be\ used\ to\ obtain\ information\ regarding\ the\ mission\ or\ to\ advise\ you\ of\ unexpected\ changes\ to$

previous arrangements.

DISCLOSURE IS VOLUNTARY: The requirement for your home phone number is voluntary. IMPACT IF NOT FURNISHED: The airlift mission could be delayed and additional cost incurred

			l cost incurred.										
OVER	ALL SECU	RITY CLASSIF	DATE (YYMMDD)			NAME OF VALIDATOR (Last, First, M.I.)				OFFI	OFFICE SYMBOL		
SAAN	NUMBER	PF	UNIT PROJECT NAME OR NICKNAME										
EXER	CISE NAM	E '	PRIORITY			UNIT							
				ON	LOAD TO	OFFLOAD)						
R	R LINE NUMBER POE			PO			PAX			BAG	CGO-ST	CUBE	
					TIMIT	NG							
R	R LINE NUMBER AVAILABILITY						EAD	EAD LAD					
				AIRCRAFT		REQUIRE	MEN.						
R	LINE	NUMBER	NO. TYPE ACFT	CONFIG	JRATION			MISSIC	MISSION SUPPORT REQUIREMENTS				
				СОММО	DITY DESC	CRIPTION	- ONE	E					
R	LINE	NUMBER	DESCRIPT	TION	QTY	WEIGH	Т	CUBE	DIMENSIONS		NEW	RS	
							-						
				СОММО	DITY HAZ	ARDOUS	- TWC)					
R	LINE NUMBER HAZARDOUS PAR				ARA HAZARDOUS SHIPPING NAME								
					CONTA	CTS							
R	TYPE		LOCATION		NAME			DUTY PHONE		HOME PHONE			
BILLII	NG INSTRU	ICTIONS		l				1		1			
REMA	DVC												
KEWIA	inno												